



No. \_\_\_\_\_

Fee \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS

## BOARD OF HEALTH

### TOWN OF ACTON

#### *Application for Disposal Works Construction Permit*

Application is hereby made for a Permit to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at:

.....  
Location - Address or Lot No.

.....  
Owner Address

.....  
Installer Address

Type of Building Size Lot.....sq. ft.

Dwelling - No. of Bedrooms ..... Expansion Attic ( ) Garbage Grinder ( )

Other - Type of Building ..... No. of Persons ..... Showers ( ) - Cafeteria ( )

Other Fixtures .....

Design Flow ..... gallons per person per day. Total daily flow ..... gallons.

Septic Tank - Liquid Capacity ..... gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal Trench - No. .... Width ..... Total Length ..... Total Leaching Area ..... sq. ft.

Seepage Pit - No. .... Diameter ..... Depth below inlet ..... Total Leaching Area ..... sq. ft.

Other Distribution Box ( ) Dosing Tank ( )

Percolation Test Results Performed By ..... Date .....

Test Pit No. 1 ..... minutes per inch Depth of Test Pit ..... Depth to groundwater .....

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to groundwater .....

Description of Soil

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.....

Nature of Repairs or Alterations - Answer when Applicable

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Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Acton Board of Health.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Natural Resources \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Dept. \_\_\_\_\_ Date: \_\_\_\_\_